BEL AIR HEALTH CARE CENTER

9350 1	W	FOND	DU	LAC	AVE

9350 W FOND DU LAC AVE			
MILWAUKEE 53225 Phone: (414) 438-4360	1	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	185	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	185	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	147	Average Daily Census:	155
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	용	Age Groups	*	Less Than 1 Year	26.5
Supp. Home Care-Personal Care	No					1 - 4 Years	34.0
Supp. Home Care-Household Services	No	Developmental Disabilities	4.8	Under 65	31.3	More Than 4 Years	39.5
Day Services	No	Mental Illness (Org./Psy)	35.4	65 - 74	23.8		
Respite Care	No	Mental Illness (Other)	20.4	75 - 84	23.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	17.7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.8	95 & Over	4.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	7.5	65 & Over	68.7		
Transportation	No	Cerebrovascular	4.1			RNs	8.8
Referral Service	No	Diabetes	0.7	Gender	%	LPNs	13.8
Other Services	No	Respiratory	4.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.6	Male	38.1	Aides, & Orderlies	39.0
Mentally Ill	No	İ		Female	61.9		
Provide Day Programming for		İ	100.0	İ		İ	
Developmentally Disabled	No	İ		İ	100.0	İ	
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		Family Care			Managed Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	16	14.2	148	0	0.0	0	0	0.0	0	1	6.7	148	0	0.0	0	17	11.6
Skilled Care	10	100.0	286	92	81.4	126	1	100.0	162	7	100.0	165	14	93.3	126	1	100.0	165	125	85.0
Intermediate				2	1.8	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				3	2.7	189	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		113	100.0		1	100.0		7	100.0		15	100.0		1	100.0		147	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	26.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.7	Bathing	6.8		42.2	51.0	147
Other Nursing Homes	7.7	Dressing	15.6		33.3	51.0	147
Acute Care Hospitals	52.3	Transferring	21.1		39.5	39.5	147
Psych. HospMR/DD Facilities	1.5	Toilet Use	18.4		26.5	55.1	147
Rehabilitation Hospitals	3.1	Eating	57.8		21.8	20.4	147
Other Locations	1.5	******	******	*****	******	******	*****
Total Number of Admissions	130	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.8	Receiving Resp	iratory Care	5.4
Private Home/No Home Health	36.0	Occ/Freq. Incontiner	nt of Bladder	62.6	Receiving Trac	heostomy Care	0.7
Private Home/With Home Health	3.1	Occ/Freq. Incontiner	nt of Bowel	60.5	Receiving Suct	ioning	0.0
Other Nursing Homes	6.8				Receiving Osto	my Care	6.1
Acute Care Hospitals	11.2	Mobility			Receiving Tube	Feeding	6.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.4	Receiving Mech	anically Altered Diets	48.3
Rehabilitation Hospitals	0.0						
Other Locations	6.8	Skin Care			Other Resident C	haracteristics	
Deaths	36.0	With Pressure Sores		8.8	Have Advance D	irectives	93.9
Total Number of Discharges		With Rashes		8.2	Medications		
(Including Deaths)	161	İ			Receiving Psyc	hoactive Drugs	60.5

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.8	86.4	0.97	86.5	0.97	87.3	0.96	88.8	0.94
Current Residents from In-County	78.9	85.0	0.93	87.0	0.91	85.8	0.92	77.4	1.02
Admissions from In-County, Still Residing	18.5	18.1	1.02	18.9	0.98	20.1	0.92	19.4	0.95
Admissions/Average Daily Census	83.9	199.9	0.42	188.2	0.45	173.5	0.48	146.5	0.57
Discharges/Average Daily Census	103.9	201.1	0.52	190.4	0.55	174.4	0.60	148.0	0.70
Discharges To Private Residence/Average Daily Census	40.6	83.1	0.49	77.5	0.52	70.3	0.58	66.9	0.61
Residents Receiving Skilled Care	96.6	95.8	1.01	95.9	1.01	95.8	1.01	89.9	1.07
Residents Aged 65 and Older	68.7	84.4	0.81	90.5	0.76	90.7	0.76	87.9	0.78
Title 19 (Medicaid) Funded Residents	76.9	61.2	1.26	56.3	1.37	56.7	1.36	66.1	1.16
Private Pay Funded Residents	4.8	13.7	0.35	22.2	0.21	23.3	0.20	20.6	0.23
Developmentally Disabled Residents	4.8	1.2	4.01	1.1	4.29	0.9	5.48	6.0	0.79
Mentally Ill Residents	55.8	30.0	1.86	29.0	1.92	32.5	1.71	33.6	1.66
General Medical Service Residents	13.6	23.2	0.59	25.4	0.54	24.0	0.57	21.1	0.65
Impaired ADL (Mean)	59.9	52.9	1.13	52.6	1.14	51.7	1.16	49.4	1.21
Psychological Problems	60.5	51.7	1.17	55.4	1.09	56.2	1.08	57.7	1.05
Nursing Care Required (Mean)	10.5	8.4	1.25	7.7	1.38	7.7	1.37	7.4	1.42